

Friday, November 29

8:00am walkers / 8:15am runners

Kids 1Mile 9am

Pre-Registration Deadline - November 20 (THIS IS FOR SIZED T-SHIRTS)

Adult: 13 & up \$35 (after 11/15) - \$40 | Child: 5 - 12 \$15

Children Under age 5 on Race Day are Free / Will need to Pre-Register for T-Shirt

Forms Must Be Turned in with Registration Fee

Late Registration / Day of Event (7am)- \$40 (lg size T's available)

Kingsland Health & Fitness Center

2132 rr 1431w 325-388-0733 Kingsland, Tx 78639

register forms online - www.kingslandfitness.com

# 10th Annual "AFTER TURKEY"

## 5K & Kids 1Mile



Mail Entry Forms: Kingsland Health & Fitness Center, 2132 RR 1431 W, Kingsland, TX 78639

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_ M / F

ADDRESS \_\_\_\_\_ WALK RUN 1Mile KIDS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Pd: Cash Check # \_\_\_\_\_ Credit Card (call KHFC (325)388-0733 to register/pay by phone)

SHIRT SIZE  Youth  Adult (circle one) S M L XL XXL XXL

Tshirt Packets can be picked up at KHFC, 2132 RR 1431, on Wednesday, Nov 27, between noon - 8p

### Person to notify in case of emergency:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_

Portion of Proceeds to SHARING THE HARVEST Food Pantry

Located next to Kingsland First Baptist Church



### WAIVER - Must be signed or application will be rejected. NO REFUNDS

In consideration of accepting this entry I, the undersigned intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Kingsland Health & Fitness Center, 2132 RR 1431 W, Kingsland, Texas; any owners, staff, volunteers, firms, individuals or organizations from any and all damages or injuries including death, whether it be any person or property resulting from participation in the Kingsland Health & Fitness Center 'After' Turkey 5k Turkey Trot; and all sponsors and their representatives, successors, officers, and assigns for any and all injuries sustained and suffered by me during this run. I verify that I'm physically fit and sufficiently trained for this event and my physical condition has been verified by a licensed medical doctor. I consent to receive medical treatment, which may be deemed advisable in the event of injury or illness during the event. I understand that in the event this run cannot be held as scheduled due to act of God or circumstances beyond control, such as a national emergency, the run is not liable to refund any money paid by me to participate. I grant full permission for organizers to use photographs of me and quotations from in legitimate accounts and promotions of this event.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

If participant is under 18, form must be signed by parent or legal guardian. Failure to sign the above agreement invalidates registration.



COMMISSIONER MIKE SANDOVAL

REFLECTIONS DAY SPA & SALON



VALENTINE LAKESIDE



BIKE SPONSORS: ALCHEMY ARTWEAR / BULLFROG COVE LAKE LBJ



TIMMONS INSURANCE GROUP

